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APPLICATION NO.	F	ILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/923,647	08/07/2001		Roman J. Hamerski	12263.15	1145
27526	7590	12/26/2003		EXAMINER	
BLACKWI	ELL SAN	NDERS PEPER	SOWARD	SOWARD, IDA M	
TWO PERS	HING SQ	UARE			
2300 MAIN	STREET	, SUITE 1000	ART UNIT	PAPER NUMBER	
KANSAS CITY, MO 64108				2822	

DATE MAILED: 12/26/2003

Please find below and/or attached an Office communication concerning this application or proceeding.

XX

Application No.	Applicant(s)		
09/923,647	HAMERSKI ET AL.		
Examiner	Art Unit		
Ida M Soward	2822		

Intervi w Summary	00/020,01/	TWINEIRORI ET AE.				
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	Ida M Soward	2822				
All participants (applicant, applicant's representative, PTO personnel):						
(1) <u>Ida M Soward</u> .	(3)					
(2) <u>Ladi Shogbaqmimu</u> .	(4)					
Date of Interview: <u>18 December 2003</u> .						
Type: a)⊠ Telephonic b)⊡ Video Conference c)⊠ Personal [copy given to: 1)⊡ applicant 2	2)⊠ applicant's representative	·]				
Exhibit shown or demonstration conducted: d) Yes If Yes, brief description:	e) No.					
Claim(s) discussed: <u>6</u> .		·				
Identification of prior art discussed: Blackstone et al. (5,164,813).						
Agreement with respect to the claims f) was reached. g)⊠ was not reached. h)⊡ N	/A.				
Substance of Interview including description of the general nature of what was agreed to if an agreement was reached, or any other comments: <u>The attorney will submit an amendment After Final to clearly describe where the well resides in the device</u> . (A fuller description, if necessary, and a copy of the amendments which the examiner agreed would render the claims allowable, if available, must be attached. Also, where no copy of the amendments that would render the claims allowable is available, a summary thereof must be attached.)						
THE FORMAL WRITTEN REPLY TO THE LAST OFFICE ACTION MUST INCLUDE THE SUBSTANCE OF THE INTERVIEW. (See MPEP Section 713.04). If a reply to the last Office action has already been filed, APPLICANT IS GIVEN ONE MONTH FROM THIS INTERVIEW DATE, OR THE MAILING DATE OF THIS INTERVIEW SUMMARY FORM, WICHEVER IS LATER, TO FILE A STATEMENT OF THE SUBSTANCE OF THE INTERVIEW. See Summary of Record of Interview requirements on reverse side or on attached sheet.						
	Manager Control of the Control of th					
Examiner Note: You must sign this form unless it is an Attachment to a signed Office action.	Examiner's signa	uture, if required				